

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101081526

FILING DATE

APPLICANT(S)

3125105

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49		/				
50		/				
TOTAL IND.						
TOTAL DEP.			47			
TOTAL CLAIMS			48			

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			